

Fort Knox DA Civilian Safety Incident Report

For use of this form, see AR 385-40

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. When completed, this form is considered personal in nature and should be protected by a "FOR OFFICIAL USE ONLY" cover sheet.

FROM:

TO:

Armor Branch Safety Office
ATZK-S
Fort Knox, KY 40121-5000

Section A - Personnel Information

1. EMPLOYEE NAME:

2. UNIT:

3. JOB TITLE:

4. JOB LOCATION:

5. AGE:

6. SEX:

7. DUTY PHONE:

Section B - Incident Information

8. EXACT LOCATION OF INCIDENT:

9. TIME AND DATE OF INCIDENT:

10. EQUIPMENT INVOLVED/AFFECTED:

TRAINED/LICENSED: ☐ YES ☐ NO

11. CAUSE OF INCIDENT: (e.g., Struck by, struck against, fell, caught in/under/between)

12. TYPE OF INCIDENT: (e.g., Contusion, puncture, fracture, burn, amputation, sprain/strain)

13. BODY PART(S) AFFECTED: (e.g., Left foot, right arm, nose, back)

14. a. DETAILED DESCRIPTION OF INCIDENT:

b. ACTION TAKEN TO PREVENT RECURRENCE AMONG OTHER EMPLOYEES:

15. PPE REQUIRED: ☐ YES ☐ NO

USED: ☐ YES ☐ NO

16. TRAINED ON TASK: ☐ YES ☐ NO

Section C - Supervisor Information

17. SUPERVISOR'S NAME:

18. EMPLOYEE TREATED AT: ☐ IRELAND ARMY HOSPITAL ☐ PRIVATE PHYSICIAN/FACILITY ☐ NEITHER

19. DUTY PHONE:

20. LOST TIME/RESTRICTED DUTY:

21. CA FORM SUBMITTED: (Date) _____

22. I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS REPORT IS A TRUE REPRESENTATION OF THE INCIDENT ABOVE.

23. SUPERVISOR'S SIGNATURE:

24. DATE: